

MENTAL HEALTH RISKS OF IDAHO ADULTS
2001



Analysis from the
Behavioral Risk Factor Surveillance System



IDAHO DEPARTMENT OF
HEALTH & WELFARE

BUREAU OF HEALTH POLICY AND VITAL STATISTICS

Mental Health Module from 2001 BRFSS
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Mental Health Module from 2001 BRFSS Data Highlights

Self-reported risk for depression:

Over one-fourth, or 27.3 percent, of Idaho adults aged 18 and older were considered to be at risk for depression – this percentage corresponds to approximately 243,000 Idaho adults.

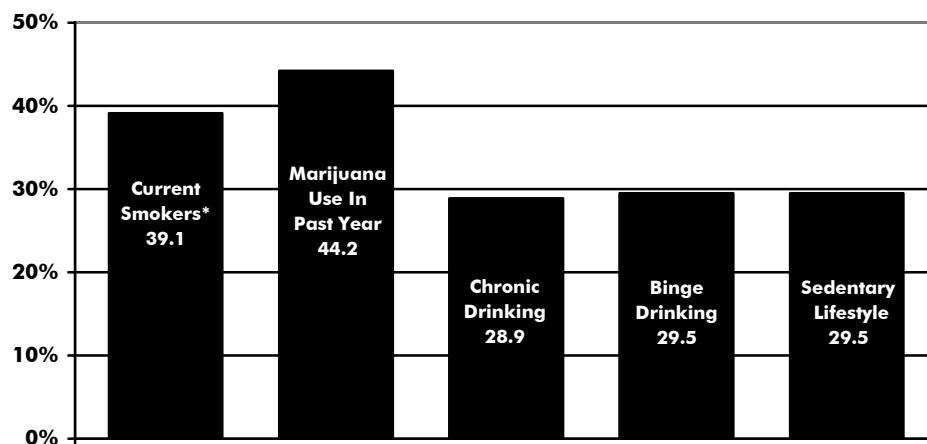
Idaho adult females were significantly more likely (33.6 percent) to be at risk for depression than Idaho adult males (20.7 percent).

Idaho adults over the age of 65 were statistically significantly less likely than those in other age groups to be at risk for depression.

Nearly 1 in 5, or 18.0 percent, of retired individuals were at risk for depression, which is statistically significantly less than the statewide estimate. Over half (57.5 percent) of Idaho adults who were unable to work thought they might have had depression in the past year. This percentage was statistically significantly higher than the statewide estimate.

Current smokers were more likely to have self-reported risk for depression than chronic drinkers, binge drinkers, those who had used marijuana in the past year, or those with a sedentary lifestyle.

**Idaho adults at risk for depression
by health risk behavior
2001 BRFSS**



* indicates a statistically significant difference at $p=.05$ (see table following)

Source: Idaho Behavioral Risk Factor Surveillance System, 2001 unpublished data. Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, 2003.

Mental Health Module from 2001 BRFSS Data Highlights

Self-reported risk for depression (continued from previous page):

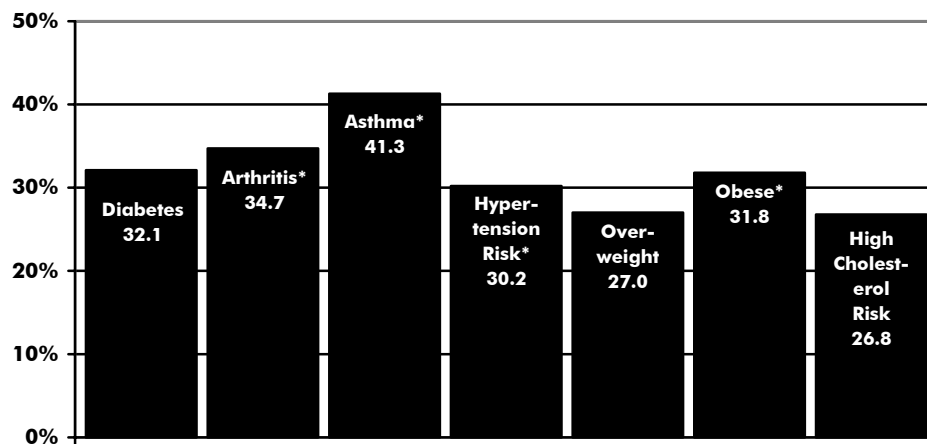
Residence did not make a statistical difference in whether an Idaho adult had a self-reported risk for depression.

Adults with incomes of less than \$15,000 per year were more likely (40.1 percent) to have self-reported risk for depression. Conversely, those with incomes of \$50,000 (21.5 percent) or more were likely to not have a self-reported risk.

Idaho adults with a college education were significantly less likely to have a self-reported risk for depression (24.0 percent) when compared with other education levels.

Those with specified co-morbidities including Arthritis, Asthma, a risk for Hypertension, or a BMI category of Obese were more likely to have self-reported risk for depression than those without the conditions.

**Idaho adults at risk for depression
by presence of other chronic conditions
2001 BRFSS**



* indicates a statistically significant difference at $p=.05$ (see table following)

Source: Idaho Behavioral Risk Factor Surveillance System, 2001 unpublished data. Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, 2003.

**Idaho adults at risk for depression
2001 BRFSS**

FACTOR	%	95% Confidence Interval	
		Lower	Upper
STATEWIDE	27.3	25.7	28.8
Gender			
Female	33.6	31.4	35.7
Male	20.7	18.6	22.8
Age			
18-24	30.3	24.9	35.7
25-34	27.1	23.6	30.5
35-44	31.5	28.1	34.9
45-54	32.4	28.7	36.0
55-64	24.8	20.7	28.8
65+	17.3	14.4	20.2
Education			
K-11 th	26.7	22.0	31.3
12 th Grade or GED	29.3	26.5	32.1
Some College	28.4	25.7	31.1
College Graduate	24.0	21.1	26.8
Income			
<\$15,000	40.1	35.1	45.0
\$15,000-\$24,999	31.9	28.2	35.6
\$25,000-\$34,999	28.7	24.8	32.6
\$35,000-\$49,999	24.6	21.3	27.9
\$50,000+	21.5	18.7	24.3
Employment Status			
Employed for Wages	26.9	24.8	29.0
Self-Employed	22.5	18.3	26.6
Unemployed >1 year	45.8	28.8	62.7
Unemployed <1 year	46.1	35.3	57.0
Homemaker	27.3	22.3	32.3
Student	40.1	30.2	50.0
Retired	18.0	14.9	21.0
Unable to Work	57.5	48.6	66.5
Residence			
Health District 1	24.7	21.2	28.1
Health District 2	26.7	22.8	30.5
Health District 3	27.2	23.4	31.0
Health District 4	29.2	25.4	33.0
Health District 5	25.9	22.3	29.6
Health District 6	26.8	23.3	30.4
Health District 7	28.3	24.4	32.2
Chronic Conditions			
Diabetes	32.1	25.4	38.8
Arthritis	34.7	31.3	38.2
Asthma	41.3	36.4	46.1
Hypertension Risk	30.2	27.1	33.4
Overweight	27.0	25.0	29.0
Obesity	31.8	28.3	35.3
High Cholesterol Risk	26.8	23.7	29.8
Health Risk Behaviors			
Current Smokers	39.1	35.2	42.9
Marijuana Use in Past Year	44.2	35.5	52.9
Chronic Drinking Risk	28.9	21.9	36.0
Binge Drinking Risk	29.5	25.0	34.0
Sedentary Lifestyle	29.5	26.1	32.8

Data Notes:

Bolded estimates are statistically significantly different from all others in the subcategory based on 95% confidence intervals.

The 95% confidence interval in the above table can be interpreted to mean that there is a 95% certainty that the true population mean will fall within the lower and upper bounds of the interval.

Source: Idaho Behavioral Risk Factor Surveillance System, 2001 unpublished data. Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, 2003.

Mental Health Module from 2001 BRFSS Data Highlights

Diagnosed depression:

In 2001, 7.7 percent of Idaho adults were diagnosed with depression in the previous year, which corresponds to an estimated 68,000 Idaho adults.

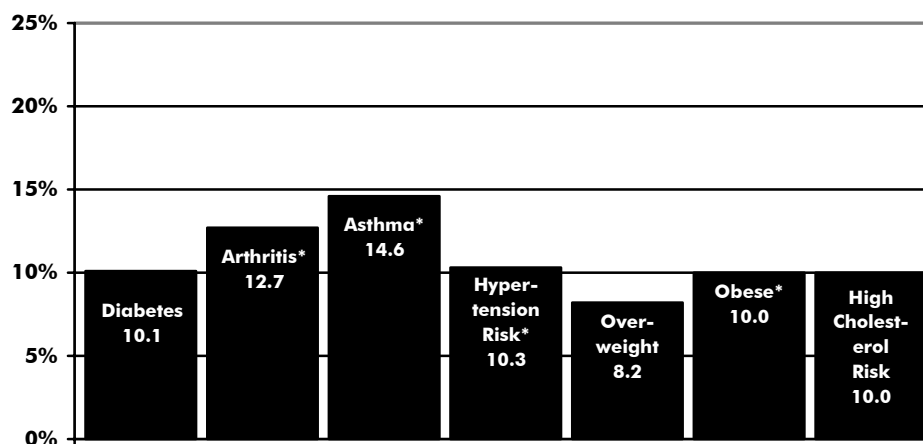
Women were more likely to be diagnosed with depression than men. Approximately one in ten, or 11.1 percent of Idaho adult females were diagnosed with depression in the previous year compared with 4.2 percent of Idaho adult males.

Idaho adults with a household income of less than \$15,000 per year were significantly more likely to be diagnosed with depression (15.4 percent) when compared with adult Idahoans in other income categories.

Idaho adults who were unable to work were significantly more likely to have received a diagnosis of depression in the last year (32.5 percent) when compared to adults in other employment categories. Those adults who were self-employed (4.8 percent) were significantly less likely to have been diagnosed than those in other employment categories.

Adult Idahoans with Arthritis, Asthma, a risk for Hypertension, or those with a BMI category of Obese were more likely to have received a diagnoses for depression within the last year than those without the condition.

**Idaho adults diagnosed with depression in the last year
by presence of other chronic conditions
2001 BRFSS**



* indicates a statistically significant difference at $p=.05$ (see table following)

Source: Idaho Behavioral Risk Factor Surveillance System, 2001 unpublished data. Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, 2003.

Mental Health Module from 2001 BRFSS Data Highlights

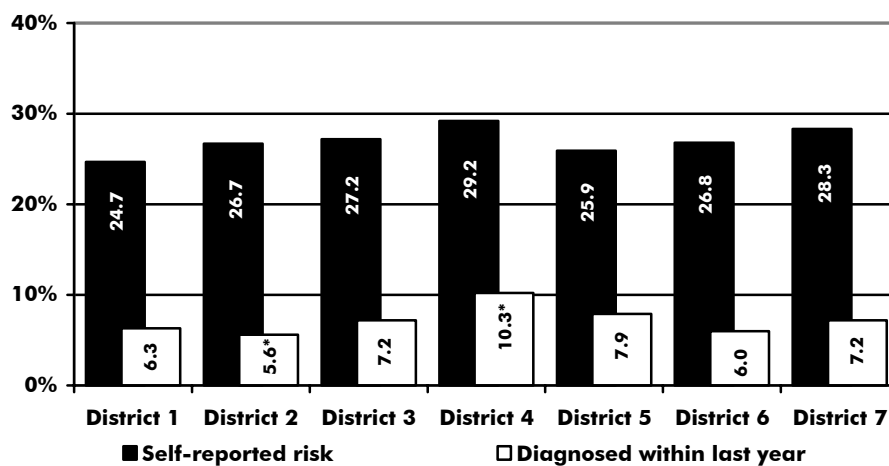
Diagnosed depression (continued from previous page):

Idaho adults over the age of 64 were significantly less likely to be diagnosed with depression in the last year when compared with adult Idahoans less than 65.

Current adult smokers were significantly more likely to have been diagnosed with depression in the last year (13.2 percent) when compared with the statewide estimate.

Although there was no significant difference in self-reported risk for depression among the health districts, Idaho adults residing in Health District 4 were significantly more likely to have received a diagnosis of depression within the last year (10.2 percent). Conversely, adults residing in Health District 2 were significantly less likely (5.6 percent) to have received a diagnosis of depression.

**Idaho adults with self-reported risk for depression and
those diagnosed with depression in the last year
by health district
2001 BRFSS**



* indicates a statistically significant difference at p=.05 (see table following)

Source: Idaho Behavioral Risk Factor Surveillance System, 2001 unpublished data. Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, 2003.

**Idaho adults diagnosed with depression, past 12 months
2001 BRFSS**

FACTOR	%	95% Confidence Interval	
		Lower	Upper
STATEWIDE	7.7	6.8	8.6
Gender			
Female	11.1	9.7	12.5
Male	4.2	3.1	5.3
Age			
18-24	6.7	3.6	9.7
25-34	8.2	6.1	10.3
35-44	8.8	6.8	10.7
45-54	9.3	7.0	11.6
55-64	9.1	6.4	11.7
65+	4.3	2.8	5.7
Education			
K-11 th	7.7	4.9	10.4
12 th Grade or GED	7.6	6.1	9.1
Some College	7.4	5.9	9.0
College Graduate	8.1	6.2	10.1
Income			
<\$15,000	15.4	11.8	18.9
\$15,000-\$24,999	9.4	7.0	11.8
\$25,000-\$34,999	7.4	5.2	9.5
\$35,000-\$49,999	5.8	4.2	7.4
\$50,000+	6.8	4.9	8.7
Employment Status			
Employed for Wages	6.9	5.7	8.0
Self-Employed	4.8	2.5	7.2
Unemployed >1 year	14.4	4.5	24.4
Unemployed <1 year	14.1	7.1	21.1
Homemaker	8.1	4.9	11.3
Student	9.7	3.3	16.0
Retired	5.2	3.4	6.9
Unable to Work	32.5	24.2	40.8
Residence			
Health District 1	6.3	4.4	8.1
Health District 2	5.6	3.9	7.4
Health District 3	7.2	5.1	9.3
Health District 4	10.2	7.7	12.6
Health District 5	7.9	5.8	10.0
Health District 6	6.0	4.3	7.7
Health District 7	7.2	4.9	9.5
Chronic Conditions			
Diabetes	10.1	6.3	13.8
Arthritis	12.7	10.3	15.1
Asthma	14.6	11.2	17.9
Hypertension Risk	10.3	8.3	12.4
Overweight	8.2	6.9	9.4
Obesity	10.0	7.7	12.3
High Cholesterol Risk	10.0	8.0	12.1
Health Risk Behaviors			
Current Smokers	13.2	10.4	15.9
Marijuana Use in Past Year	9.9	4.9	14.9
Chronic Drinking Risk	10.2	4.8	15.6
Binge Drinking Risk	6.3	3.9	8.6
Sedentary Lifestyle	9.0	7.1	11.0

Data Notes:

Bolded estimates are statistically significantly different from all others in the subcategory based on 95% confidence intervals.

The 95% confidence interval in the above table can be interpreted to mean that there is a 95% certainty that the true population mean will fall within the lower and upper bounds of the interval.

Source: Idaho Behavioral Risk Factor Surveillance System, 2001 unpublished data. Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, 2003.

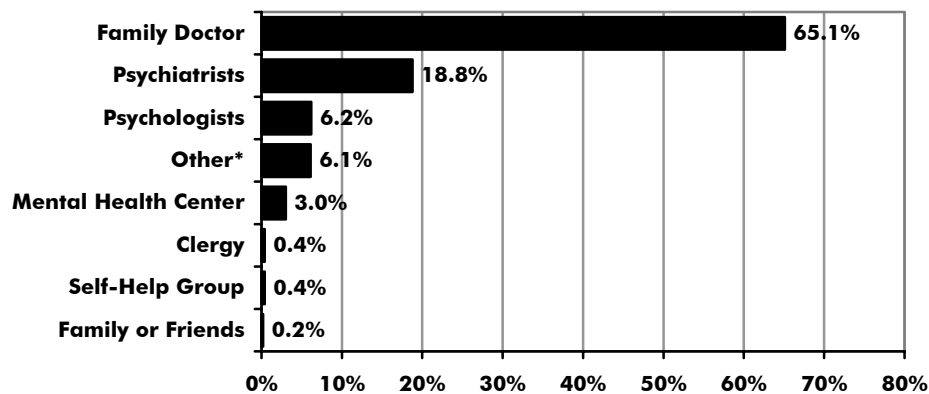
Mental Health Module from 2001 BRFSS Data Highlights

Access to care:

The majority (95.6 percent) of Idaho adults who were diagnosed with depression also received treatment for their condition.

Almost two-thirds (65.1 percent) of adults who received treatment for depression in the past year received their treatment from a family doctor.

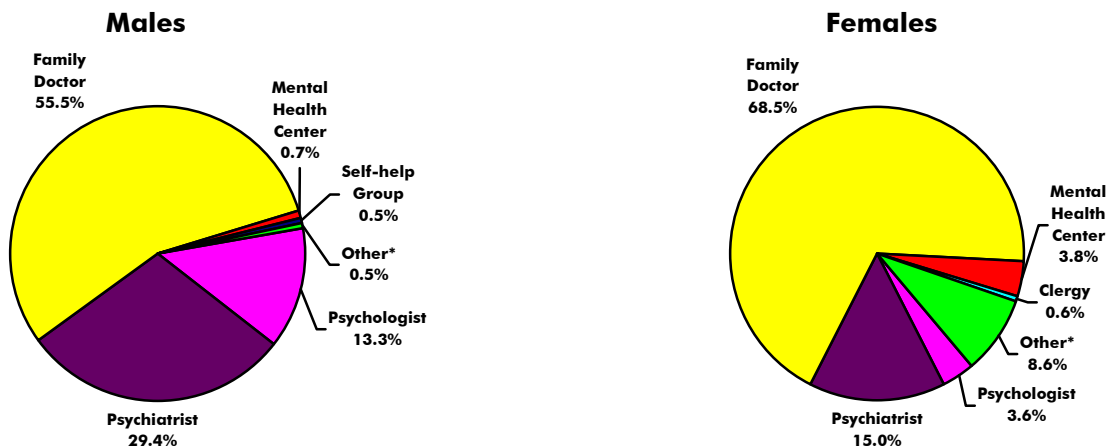
**Distribution of treatment source among Idaho adults who were diagnosed and treated for depression in the past year
2001 BRFSS**



*See next section for responses included in the "Other" category

Source: Idaho Behavioral Risk Factor Surveillance System, 2001 unpublished data. Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, 2003.

**Treatment source among Idaho adults who were diagnosed and treated for depression in the past year by gender
2001 BRFSS**



* See next section for responses included in "Other" category
Note: percentages may not sum to 100% due to rounding

Source: Idaho Behavioral Risk Factor Surveillance System, 2001 unpublished data. Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, 2003.

Mental Health Module from 2001 BRFSS Data Highlights

Access to care (continued from previous page):

Other treatment sources included:

- Other physicians
- VA counselor
- In-hospital counseling
- School counselor
- Licensed counselor
- Nurse practitioner

In 2001, 2.8 percent of Idaho adults reported they had needed treatment for mental or emotional problems in the last year, but had been unable to get it. This percentage translates into approximately 25,000 adult Idahoans unable to access mental health care at some time in the last 5 years.

The most common reason cited by Idaho adults (77.8 percent) for being unable to access treatment at some time in the last five years was due to the cost of treatment or that they could not afford treatment.

Other reasons for not being able to access treatment were:

- 5.8% indicated their insurance would not cover treatment
- 3.3% responded that no place of treatment was close enough or available or convenient
- 2.6% of the respondents indicated their inability to access treatment was due to being embarrassed and the stigmatism associated with mental treatment
- 1.4% of respondents indicated they do not know where to go
- 0.2% responded lack of transportation was making access to care difficult
- 8.9% of respondents answered with a response to the "Other" category. Some of the verbatim responses are included below:

"Both the cost and not knowing where to go"

"I just never went"

"The doctor I wanted to see was booked for three months"

"I had to go before a judge to get the help I needed"

"I didn't have stable parents"

"I called the suicide hotline and that got me over"

"I didn't have the time"

"My family was not supportive"

"I can't take any medications"

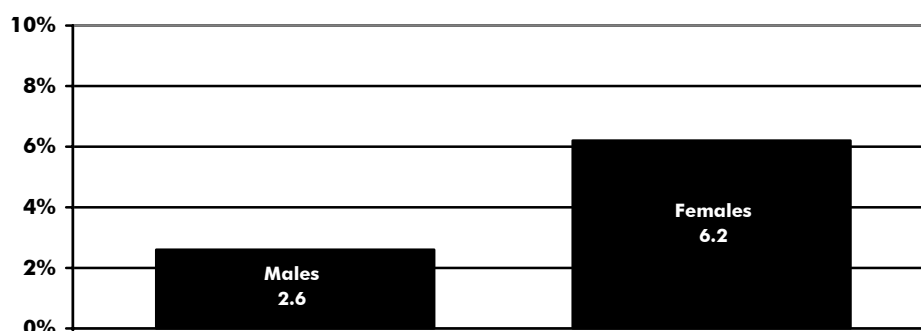
Mental Health Module from 2001 BRFSS Data Highlights

Suicide:

In Idaho, 5.1 percent of adults had a grandparent, parent, or sibling ever commit suicide.

In 2001, 4.4 percent of adults had ever attempted suicide in their lifetime. A female Idaho adult had 2.5 times the likelihood of reporting a suicide attempt during her lifetime than an Idaho adult male.

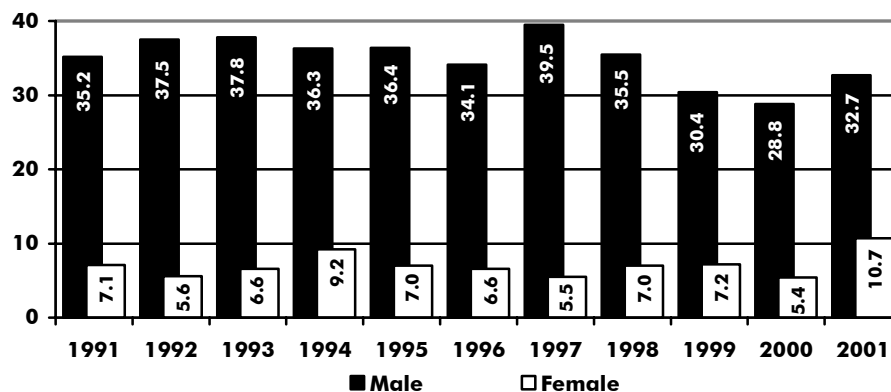
**Lifetime suicide attempts among Idaho adults by gender
2001 BRFSS**



Source: Idaho Behavioral Risk Factor Surveillance System, 2001 unpublished data. Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, 2003.

Although women were more likely to report having attempted suicide, males in Idaho have historically been more likely to complete the act. From 1991-2001, the death rate due to suicide for Idaho male adults aged 18 and older has been statistically significantly higher than that of adult females.

**Idaho resident crude death rates*, adults 18 and older
Deaths due to intentional self-harm (suicide)
1991-2001**



*Rates are per 100,000 population in each gender aged 18 and older

Sources: Bureau of Health Policy and Vital Statistics, Division of Health, Idaho Department of Health and Welfare, 2003.

Population counts used in the calculation of rates: U.S. Bureau of the Census, www.census.gov

Mental Health Module from 2001 BRFSS Questions

Questions from the 2001 Behavioral Risk Factor Surveillance System Survey:

The results to the questions included in the Mental Health module are presented below with the text of the questions. The number of people sampled who responded to the question (n) is listed at the end of each question. The percent for each response category can be found in parentheses to the right of the response categories.

Interpretation notes: The percentages are weighted results and do not directly correspond to the n's for each question. In addition, it is important to understand what population (group) has been asked the question. For example, in question S50, 95.6% of the respondents have received treatment for depression. However, this question is asked only of those who respond "yes" to questions S48 and S49. The exclusion of certain respondents is indicated in brackets [] located after the question number and before the text of the question. These "skip patterns" are used extensively in the Mental Health module and must be considered in order to properly identify what group has been asked a specific question.

S46. In the past year, did you seek help from family or friends for any mental or emotional problems? (n=4,690)

- 1. Yes (15.9%)
- 2. No (84.1%)
- 7. Don't know/Not sure
- 9. Refused

S47. In the past year, did you seek help from a therapist, counselor or self-help group for any mental or emotional problems? (n=4,694)

- 1. Yes (8.8%)
- 2. No (91.2%)
- 7. Don't know/Not sure
- 9. Refused

S48. During the past year have you thought you might have depression? (n=4,665)

- 1. Yes (27.3%)
- 2. No (72.7%)
- 7. Don't know/Not sure
- 9. Refused

**Mental Health Module from 2001 BRFSS
Questions**

S49. [IF S48=1, ELSE SKIP TO S42] During the past year have you been diagnosed with depression? (n=1,327)

- 1. Yes (28.3%)
- 2. No (71.7%)

- 7. Don't know/Not sure
- 9. Refused

S50. [IF S49=1, ELSE SKIP TO S52] During the past year have you received treatment for your depression? (n=386)

- 1. Yes (95.6%)
- 2. No (4.4%)

- 7. Don't know/Not sure
- 9. Refused

S51. [IF S50=1, ELSE SKIP TO S52] Who treated you for your depression? (n=360)

- 01. Psychologist (6.2%)
- 02. Psychiatrist (18.8%)
- 03. Family doctor (65.1%)
- 04. Mental health center (3.0%)
- 05. Self-help group (0.4%)
- 06. Family or friends (0.2%)
- 07. Pastor, priest, rabbi, or other religious counselor (0.4%)
- 08. Other (specify) (6.1%)

- 77. Don't know/Not sure
- 99. Refused

S52. Have you needed treatment for any mental or emotional problems during the last five years but been unable to get it? (n=4,683)

- 1. Yes (2.8%)
- 2. No (97.2%)

- 7. Don't know/Not sure
- 9. Refused

Mental Health Module from 2001 BRFSS Questions

S53. [IF S52=1, ELSE SKIP TO S54] Why were you unable to get treatment for your mental or emotional problem? (n=137)

- 01. Cost/couldn't afford (77.8%)
- 02. Insurance would not cover (5.8%)
- 03. Lack transportation (0.2%)
- 04. No place close enough/available/convenient (3.3%)
- 05. Do not know where to go (1.4%)
- 06. Do not trust psychiatrists/psychologists/doctors (0.0%)
- 07. Embarrassed/stigmatism (2.6%)
- 08. Other (specify) (8.9%)

77. Don't know/Not sure

99. Refused

S54. Has anyone in your family ever committed suicide? (n=4,679)
Include only grandparents, parents, and siblings.

- 1. Yes (5.2%)
- 2. No (94.9%)

7. Don't know/Not sure

9. Refused

S55. Have you ever attempted suicide? (n=4,691)

- 1. Yes (4.4%)
- 2. No (95.6%)

7. Don't know/Not sure

9. Refused

S56. [IF S55=1 SKIP] When did you make the last attempt? (n=219)

- 1. Within the past year (1 to 12 months ago) (7.9%)
- 2. Within the past 5 years (1 to 5 years ago) (18.3%)
- 3. Within the past 10 years (5-10 years ago) (19.6%)
- 4. More than 10 years ago (54.2%)

7. Don't know/Not sure

9. Refused

Mental Health Module from 2001 BRFSS BRFSS Methodology

Overview:

The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing surveillance program developed and partially funded by the Centers for Disease Control and Prevention (CDC). It is designed to estimate the prevalence of risk factors for the major causes of death and disability in the United States. Data from the BRFSS are useful for planning, initiating, and supporting health promotion and disease prevention programs at local, state, and federal levels, and for monitoring progress toward achieving health objectives. Each state performs the survey in every month of the calendar year. After data collection is complete for the year, individual responses are weighted to be representative of the state's adult population.

The Idaho BRFSS has proven to be an important tool for monitoring health behaviors of adult Idahoans. The BRFSS has been used to support risk reduction and disease prevention activities by directing program planning, assessing trends, and targeting relevant population groups. BRFSS results can also be found at <http://www.idahohealth.org>.

Methodology:

Sampling: Idaho used disproportionate stratified sampling for its 2001 BRFSS. The sample was stratified by Idaho's seven public health districts. Approximately 700 Idahoans were interviewed in each health district, resulting in a total sample size of 4,833. The sample was disproportionately stratified within the health districts by telephone blocks. Telephone numbers are grouped into clusters of 100s. For example, in the number 979-99xx, xx represents the values 00 to 99. This is known as a 100 level block. These 100 level blocks have certain characteristics, one of which is the number of listed residential numbers that can be found in the block of telephone numbers. When a block has at least one residential number, it is likely that many of the numbers in that block will be residential. A 100 level block that has at least one known residential number is called a 1+ block. In order to be representative, the Idaho BRFSS uses 1+ blocks and 0 blocks (meaning that no residential numbers are known to be in the block). Telephone blocks were sampled disproportionately: 1+ telephone blocks were sampled at a rate four times that of the 0 blocks. Interviews were conducted by telephone. The interviewers used computer-assisted telephone interviewing (CATI) software to record responses.

Weighting: The data were weighted to account for differences in the probability of selection. For example, some households have more than one telephone line and are more likely to be called. The weighting corrects for this difference in probability of selection. Post-stratification weighting, based on 2001 population estimates, was used to more closely represent population characteristics and to develop estimates of the numbers of people with various risk factors.

Mental Health Module from 2001 BRFSS BRFSS Methodology

Analysis: Idaho used SAS software for data manipulation and variable creation. All "don't know," "not sure," and "refused" responses have been excluded from the analysis. Standard errors were calculated using SUDAAN software. The 95% confidence intervals (95% CI) were calculated using the following formula: Confidence Interval = Prevalence Estimate +/- (1.96*Standard Error).

Data Limitations:

Errors in estimation are a result of the fact that the BRFSS is a self-reported telephone survey. There are a number of potential sources of error; a few of the major ones are discussed here. Any survey that relies on sampling will have some error. Each sample drawn will deviate somewhat from the population. Another potential source of error is the population from which the sample is drawn. Ideally, all adults aged 18 and older would be potential respondents for the survey. However, the cost of surveying even a sample of all adults would be prohibitive. In Idaho the sample is limited to adults aged 18 and older who are non-institutionalized, live in a household with a telephone, and can communicate in English over the telephone. This excludes people in prisons and dormitories, non-English speakers, those without telephones and others who cannot communicate by telephone, such as the hearing impaired. The Federal Communications Commission reports that the annual average percent of Idaho households with telephones in 1999 was 93.5%. Its data also suggest that minorities and the poor are less likely to have a telephone in the home than are non-minorities and the affluent (Federal Communications Commission, 2002).